

CERTIFICATE REQUEST FORM

Office of the Arizona State Fire Marshal

TO REQUEST A CERTIFICATE AND ID CARD

Mail the following:

- (1) Completed form
- (2) Copy of a photo ID
- (3) Certificate fee - listed next to certification levels below
(Check or money order payable to:
The Office of the Arizona State Fire Marshal)

Mail to:

Office of the Arizona State Fire Marshal
1110 W. Washington, Suite 100
Phoenix, AZ. 85007-2935

Please allow 2-4 weeks for processing. Contact the office at 602/364-1075 or by email at melina.joya@dfbls.az.gov with any questions.

This form is available on the OSFM website at www.dfbls.az.gov.

Do not submit this request until you have confirmation from your instructor that you have passed your certification exam(s)!

NAME: (As it should appear on certificate)		
EIN #:	PHONE #: () (Including area code)	
MAILING ADDRESS: (Address where you want certificate mailed to)		
CITY:	STATE:	ZIP:
E-MAIL:	PROGRAM SPONSOR:	
TEST LOCATION:		TEST DATE:
DEPARTMENT: (If employed by a fire dept)		
DEPT ADDRESS:	PHONE #: () (Including area code)	
CITY:	STATE:	ZIP:

CERTIFICATION LEVEL REQUESTED: Please check one of the following certification levels

<input type="checkbox"/> Arizona Fire Fighter I (\$10) <input type="checkbox"/> Arizona Fire Fighter II (\$10) <input type="checkbox"/> Arizona IFSAC Fire Fighter I & II (\$15)	<input type="checkbox"/> Driver/Operator (\$10) <input type="checkbox"/> Fire Inspector I (\$10) <input type="checkbox"/> Fire Instructor I (\$10) <input type="checkbox"/> Fire Instructor II (\$10) <input type="checkbox"/> Fire Officer I (\$10)	<input type="checkbox"/> FF I & II Instructor/ Evaluator (\$10) <input type="checkbox"/> Public Educator I (\$10) <input type="checkbox"/> Public Educator II (\$10) <input type="checkbox"/> Other (\$10) _____
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FOR OFFICE USE ONLY	RECEIPT #:	
	IFSAC SEAL #:	DATE ISSUED: